

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007234

STATE FILE NUMBER

AMENDED

Registration District No. 210 Primary Registration District No. _____ Registrar's No. 131. **FILED** MAR 6 1962a. COUNTY **Mercer**2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **Mercer**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Marian Twp.**Length of stay in 1b
50 yrs.c. CITY
OR TOWN **Mercer**Inside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Own Home**Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Marian Twp.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
Jesse

Middle

Last
McReynolds4. DATE
OF DEATH

Month

Day

Year

Febr. 20, 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

Oct 7, 1889

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Own Farm

11. BIRTHPLACE (City and state or country)

Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Marian McReynolds

13b. MOTHER'S MAIDEN NAME

Susan Morin

14. NAME OF HUSBAND OR WIFE

Edna McReynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Howard McReynolds Mercer Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Strangulation by hanging

INTERVAL BETWEEN ONSET AND DEATH

imm.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour **8:30**
a.m.
Month, Day, Year
2-20-6220d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
own farm

20f. CITY, TOWN, OR LOCATION

Mercer

COUNTY

Mercer

STATE

Mo.21. I attended the deceased from _____, to _____ and last saw her alive on _____.
Death occurred at **about 8:30** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Princeton, Mo.

22c. DATE SIGNED

2-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Febr. 25, 1962

23c. NAME OF CEMETERY OR CREMATORY

Early Cemetery

23d. LOCATION (City, town, or county)

Mercer, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ames Greenlee Lineville Iowa

25. DATE RECD. BY LOCAL REG.

2-27-62

26. REGISTRAR'S SIGNATURE

Heel Matt

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed James L. Greener

Licensed Embalmer No. 3967

P. O. Address Lincolnton, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.